CAMP	PAIGN CONTRIBUTIONS AND EXPENSES REPORT	State of Nevada
Name (p	pint) Oright Poard of 7 VIII	District (if applicable)
P	0. Box 186 Crys +41 PAY	70 0
E-Mail A	Address (include city and zip code)	Telephone No. 775
		NONPROFIT CORP 831-8748
	☐ LEGAL DEFENSE FUND ☐ AMENDED	
	Annual Filing - Due January 15, 2008 Period: January 1, 2007 - December 31, 2007	FILED
	Report #1 — Due August 5, 2008* Period: Jan. 1, 2008 — July 31, 2008	JAN 1 3 2009 / /
	Report #2 Due — October 28, 2008* Period: Aug. 1, 2008 — Oct. 23, 2008	SECRETARY OF STATE
M	Report #3 Due — January 15, 2009*/** Period: Oct. 24, 2008 — Dec. 31, 2008	ELECTIONS DIVISION
M	Annual Filing - Due January 15, 2009 Period: January 1, 2008 - December 31, 2008	FOR OFFICE USE ONLY
	These Reports are filed by incumbents/candidates running for office in Third Report suffices for 2009 Annual Filing if candidate also filed Rep	
	CONTRIBUTIONS SUMMARY	From Beginning of Report Period #1 This Period through End of This Reporting
1	Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	Period
2	Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	00
3	Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	00
4	Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	00
	Cumulative From This Period Beginning of Report Period Through End of This Period This Reporting Period	n
5	5. Total Amount of Monetary Contributions Received	
6	(Add Lines 1 through 4) (See page 2 of instruction sheet) 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))	
7	(See page 2 of instruction sheet) 7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	
	EXPENSES SUMMARY	
	8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet) 9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet) 10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	000
í C	11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet) 12. Disposition of Unspent Contributions (Only reported on Report #3 , Annual Report or 15 th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)	
10	AFFIRMATION Declare Under Penalty of Perjury That the Foregoing is True and Corre	ct.
	4/1/	-1-09
Signatur	re Truny	Date
FI 201 d		PAGE / OF /

Repo	rt Period	#4	
R	0	1-41	1

Frank Wroght

Treline Us Us
Office (if applicable)

Boal of There District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
			/		
		W/			
	V				
				(

This page may be copied or duplicated if additional space is needed.

PAGE 2 OF 3

WRITTE		

Report Period #4

e (print) Office (if applicable)

(if applicable) District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

IAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

This page may be copied or duplicated if additional space is needed.

PAGE FOR OF

EL201.doc

Office (if applicable)

District (if

Trustel

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE_4_OF_4

Report Period #

Name (print)

Office (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
			/

This page may be copied or duplicated if additional space is needed.

PAGE SOP

EL201.doc

Report Period

District (if applicable)

Office (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

This page may be copied or duplicated if additional space is needed.

EL201.doc

Office (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

This page may be copied or duplicated if additional space is needed.

Report Period

District (if applicable)

Name (print)

Office (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	A LANGE		
		1	

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

PAGE_SOFS

EL201.doc